

The Role of School Counselors in the Life of a Student Affected By Methamphetamine

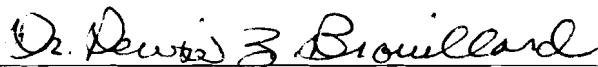
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ABSTRACT

The purpose of this study is to determine the role of a school counselor in the life of a student affected by methamphetamine. Research has been collected about the dangers of methamphetamine to the users, community, environment, and most important the children of users and producers.

Methamphetamine is a central nervous system stimulant that can be smoked, snorted, injected, or administered orally. Children, particularly in the Midwest, are being affected by methamphetamine use and its related negative effects in a variety of ways. Some psychological risks to children in danger of methamphetamine include: increased violent behavior toward children, severe neglect, increased sexual abuse, emotional abuse, and lack of regard for safety (Gomez, n.d.).

School counselors have the responsibility to take a proactive role in educating students about the dangers of methamphetamine. They also need to be advocates for

children from methamphetamine homes. This study seeks to find how school counselors can support these children and who they can refer these children to for further aid.

Data was collected through a survey distributed to school counselors from various school districts in Wisconsin at the Wisconsin School Counselor Association (WSCA) Annual Conference in Stevens Point, Wisconsin in the spring of 2006.

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TABLE OF CONTENTS

Abstract.....	ii
Chapter One: Introduction	1
<i>Statement of the Problem</i>	4
<i>Research Questions</i>	4
<i>Definition of Terms</i>	5
<i>Assumptions and Limitations</i>	6
Chapter Two: Literature Review	7
<i>Definition of Methamphetamine</i>	7
<i>Effects on Children</i>	9
<i>Effects of Meth Waste</i>	12
<i>Legal Issues Related to Methamphetamine</i>	15
<i>Suggested Prevention</i>	17
Chapter Three: Methodology.....	21
<i>Subject Selection and Description</i>	21
<i>Instrumentation</i>	21
<i>Data Collection</i>	22
<i>Data Analysis</i>	22
<i>Limitations</i>	22
Chapter Four: Results	23
<i>Demographic Information</i>	23
<i>Item Analysis</i>	24
<i>Research Questions</i>	27

Chapter Five: Discussion	28
<i>Conclusions</i>	31
<i>Recommendations</i>	31
References.....	33
Appendix A: Consent Form	37
Appendix B: Disclaimer	38
Appendix C: Survey	39

CHAPTER ONE

Introduction

Methamphetamine is an addictive and dangerous drug that often leads to the development of a serious problem affecting children in the United States.

Methamphetamine use can result in any of the following clinical disorders such as:

paranoia, hallucinations, decreased social life, severe depression, memory loss, dramatic mood swings, acne and sores, aggressive behavior, convulsions, increased heart rate, violent behavior, panic, extreme weight loss, heightened sexual activity resulting in sexually transmitted diseases – including HIV and Hepatitis; a false sense of confidence, loss of pleasure, elevated body temperature, sleep deprivation, numbness, impaired speech, excessive talking, hyperactive behavior, poor coping abilities, seizures, stroke, and even death (Midwest High Intensity Drug Trafficking Area, n.d., n.p.).

According to Dr. Kathryn Wells of the Denver Family Crisis Center, “when death occurs, it usually is a result of a brain bleed, cardiac dysrhythmia, uncontrollable seizures, kidney failure or hyperthermia” (*Medical Concerns Regarding Clandestine Labs*, 2005, p.1).

Methamphetamine users refer to the drug by a variety of names.

Methamphetamine, also known as, Meth, Ice, Glass, Crystal, or Shards, is a stimulant affecting the central nervous system. It can be smoked, snorted, injected, or taken orally (Wisconsin Department of Health and Family Services, 2005). Immediately after taking the drug, the user experiences an instant “flash” or intense rush, lasting only a few minutes. This rush is described as pleasurable; however, users never reach this first-time high again, making the drug incredibly addictive. Users act out a “binge and crash”

method which can keep them awake for up to three days after which, they “crash” for another three days (Lobaina, n.d.). This dangerous process can cause the user to experience numerous adverse psychological effects.

Among the psychological effects, many users experience extreme paranoia. Users may have increased alertness resulting in psychotic behaviors and may also feel suspicious, hyperactive, and have dramatic mood swings (L.E. Phillips Libertas Center, 2005). According to L.E. Phillips Libertas Center, methamphetamine paranoia is similar to schizophrenia and can cause homicidal and suicidal thoughts. Along with paranoia, methamphetamine users typically experience hallucinations, both auditory and delusional. They may experience the perceived feeling of bugs also referred to as “meth bugs,” crawling on their skin which can result in self mutilation (L.E. Phillips Libertas Center, 2005). Due to the extreme level of filth methamphetamine users live in, these sores from perceived bugs have the potential to become infected and subsequently left untreated possibly resulting in illness, amputation, or even death.

The dangers of methamphetamine use expand beyond the users themselves. Chronic users of methamphetamine have been described as “tweakers.” Tweakers often behave in a violent, paranoid manner and have not slept in three to 15 days (Midwest High Intensity Drug Trafficking Area, n.d.). Abuse of methamphetamine can lead to death, among other dangers to users and their families. Children exposed to methamphetamine use could start to use methamphetamine or be exposed to the harsh chemicals used to make the drug. Some of the chemicals used to make methamphetamine include methamphetamine powder and solution, flammable solvents, anhydrous

ammonia, lye, acid, lithium, sodium, as well as other harmful chemicals (Germain, n.d.). The aforementioned dangers of methamphetamine are affecting more than just the users.

Children, particularly in the Midwest, are being affected by methamphetamine use and its related negative effects in a variety of ways. Some psychological risks to children in danger of methamphetamine include: increased violent behavior toward children, severe neglect, increased sexual abuse, emotional abuse, and lack of regard for safety (Gomez, n.d.). Some medical effects on children exposed to methamphetamine include: symptoms similar to adult users however they occur at lower doses; higher metabolic rate; and chemical burns to their body due to unusual habits (such as hand-to-mouth behaviors, eating strange things in sight, imitating adults, and close to ground/floor/harmful objects) (Germain, n.d.). Other hazards found in a methamphetamine user's home with children present have been detached or no smoke detectors, unsanitary environments, unclean children in the presence of rotten food and garbage, and overall condemned homes due to their lack of care for anyone other than their addiction. Children of users are being pushed aside while the user's addiction becomes an obsession more important than their children.

Because of the unstable family environment, children need emotional and social support. School counselors have the responsibility to aid students who are variously affected by the uses of methamphetamine. Many school counselors have implemented drug prevention programs in their school districts. An extension of this idea could be applied to methamphetamine abuse. Assertion training (Gerler, Ciechalski, & Parker, 1990) is a specific training to help students learn how to handle difficult situations in which they are pressured to use drugs. By preparing students with the tools of how to

deal with situations in which they are pressured to try drugs, they will have the confidence and knowledge to resist substances such as methamphetamine.

Moreover, the incorporation of adult mentoring programs into the education of methamphetamine use is important in the prevention of methamphetamine abuse. Gomez (n.d.) noted, “information can not be a stand along strategy” (n.p.). Adult mentors need to provide healthy activities for students, as well as other outlets to become connected to a trust-worthy adult. These mentors could be associated with Big Brothers/Big Sisters, DARE Cops, Children’s Advocacy Center, PTA groups, elderly, and faith communities (Gomez, n.d.). School counselors also have a responsibility to provide programming, counseling support, education, and other referral aid to students affected by the use of methamphetamine. It is their role as an advocate to help these students in trouble. By providing this help, students can be potentially removed from the dangers associated with methamphetamine use.

Statement of the Problem

The purpose of this study is to determine the role of a school counselor in the life of a student affected by methamphetamine. Data will be collected through a survey distributed to school counselors from various school districts in Wisconsin at the Wisconsin School Counselor Association (WSCA) Annual Conference in Stevens Point, Wisconsin in the spring of 2006.

Research Questions

Specifically, the two research questions this study seeks to answer are:

1. What are effective and appropriate ways school counselors can provide support to students affected by methamphetamine?

2. To whom should school counselors refer students affected by methamphetamine?

Definition of Terms

There are three terms that need to be defined for clarity of understanding. These are:

Affected by – In this study the phrase “affected by” refers to children who have been in contact with methamphetamine through personal use, family or friend of abuser, live in a neighborhood of a meth lab, or have been subject to other abuse by a methamphetamine user such as increased violent behavior toward children, severe neglect, increased sexual abuse, emotional abuse, and lack of regard for safety (Gomez, n.d.).

Clandestine Lab or Meth Lab – A house, trailer, shack, hotel room, rural areas, areas along transportation routes, inside vehicles or any remote area where a methamphetamine user can find to make methamphetamine (Adlair, n.d.).

Methamphetamine – A central nervous system stimulant that can be smoked, snorted, injected, or administered orally. Users refer to methamphetamine as “crank,” “speed,” “crystal,” and “ice.” Signs of methamphetamine use include dilated pupils, sweating, dry mouth, flushed skin and tremors (also referred to as tweaking). Methamphetamine users may also exhibit aggressive and psychotic behavior, irritability, anxiety, paranoia, and auditory hallucinations. There are also long-term effects attributed to methamphetamine use including cardiac and neurological damage (Wisconsin Department of Justice, Division of Narcotics Enforcement, n.d., n.p.).

Assumptions and Limitations

It is assumed all subjects will respond from personal knowledge of being a school counselor in Wisconsin. It is also assumed the school counselors participating in the study will provide information specific to helping students affected by methamphetamine. A limitation to this study would include not every school counselor in Wisconsin will attend the WSCA Conference and likewise, not every school counselor who attends the conference will complete the survey.

CHAPTER TWO

Literature Review

Introduction

This chapter will discuss the general content of the four categories of the effects of methamphetamine on children: definition of methamphetamine, effects of methamphetamine use on children, effects of methamphetamine waste, and the laws which protect children from the dangers of methamphetamine use. The chapter will conclude with research of suggested prevention of methamphetamine use by school officials, professionals, and community members.

Definition of Methamphetamine

L.E. Phillips Libertas Center – Chippewa Falls, Wisconsin defines methamphetamine as “a powerfully addictive stimulant that dramatically affects many areas of the central nervous system. It is associated with serious health conditions, including aggression, violence, potential heart attack, and death” (L.E. Phillips Libertas Center, 2005, n.p.). Methamphetamine can be smoked, snorted, injected, or taken orally (Wisconsin Department of Health and Family Services, 2005). Users often refer to it as “speed,” “crystal,” “crank,” “ice” (*Drug abuse help: Honest drug abuse information*, 2004, n.p.) or “glass,” “hot ice,” “super ice,” “L.A. glass,” “Tina,” “P,” “chalk,” “zip,” and “batu” (L.E. Phillips Libertas Center, 2005, n.p.). Other users refer to methamphetamine as “poor man’s cocaine” because the effects of methamphetamine last much longer than cocaine and it tends to be equal or less in price (Midwest High Intensity Drug Trafficking Area, n.d., n.p.).

Major ingredients included in methamphetamine are ether, hydroiodic acid, denatured alcohol, lantern fuel, acetone (paint thinner), red devil lye, kerosene, battery acid, lithium, toluene (brake cleaner), iodine, and ephedrine, among other chemicals (L.E. Phillips Libertas Center, 2005). The short term effects of using methamphetamine include euphoria, hyperexcitability, extreme nervousness, accelerated heartbeat, sweating, dizziness, restlessness, insomnia, tooth grinding, incessant talking, elevated blood pressure, heart rate, and hyperthermia and convulsions, which can result in death (*Drug abuse help: Honest drug abuse information*, 2004). Long term effects of methamphetamine use include dependence, addiction psychosis, paranoia, hallucinations, mood disturbances, repetitive motor activity, stroke, weight loss, brain damage, and death (L.E. Phillips Libertas Center, 2005). The previously mentioned ingredients in methamphetamine can cause severe short and long term effects unknown to users.

Using methamphetamine may result in several psychological effects, including paranoia. Users have increased alertness resulting in psychotic behaviors. They may feel suspicious, hyperactive, and have dramatic mood swings (L.E. Phillips Libertas Center, 2005). L.E. Phillips Libertas Center noted meth paranoia mimics schizophrenia and can result in homicidal and suicidal thoughts. Coupled with paranoia, methamphetamine users typically experience hallucinations, both auditory and delusional. They often experience the feeling of insects, referred to as “meth bugs” crawling on their skin, which can result in self mutilation (L.E. Phillips Libertas Center, 2005). Because methamphetamine users live in unsanitary conditions, this self-mutilation causes infections and, in turn, may not be treated by trained health professionals.

When using methamphetamine, a person follows a pattern, starting immediately after the drug has entered his or her body. The user feels extreme pleasure called a “rush,” which lasts from five to 30 minutes. The next phase is the “high” lasting four to 24 hours, which the user feels “aggressively smarter and argumentative” (L.E. Phillips Libertas Center, 2005, n.p.). The “bingeing” phase follows for three to 15 days, with the user maintaining the high and becoming both physically and mentally hyperactive. Following is considered by many the most dangerous stage “tweaking,” which the user maintains the high for up to three days without sleep. They may experience severe depression, paranoia, belligerence, aggression, anxiety, intense fatigue, and consequently long-term slumber only to awaken and repeat this vicious cycle (L.E. Phillips Libertas Center, 2005).

Effects of Methamphetamine Use on Children

Methamphetamine has many physical and psychological effects on the user; however, a child’s environment is also affected. “Children are meth’s youngest victims and this legislation [Combat Meth Act 2005] will help identify dangerous situations related to a child’s environment and methamphetamine abuse” said Senator James Talent (R-MO), (US Fed News, 2005, n.p.). Children may come in contact with the chemicals used to make methamphetamine in many areas of their house. The unsanitary conditions from producing methamphetamine may contaminate toys and other household items. Chemicals are typically stored in unlabeled food and drink containers within easy reach of young children. Because of normal childhood behaviors such as putting hands and other objects into their mouths, children are at high risk of ingesting these dangerous chemicals (Wisconsin Department of Justice Methamphetamine Initiative, 2005).

Children who are in contact with these chemicals may have health risks including: burns; respiratory, kidney, liver and spleen damage; learning disabilities; and neurological damage (L.E. Phillips Libertas Center, 2005). Hazardous drug paraphernalia such as razor blades, syringes, and pipes are often left out in reach of children. Other dangers such as booby traps and ready-to-use firearms are accessible to children due to the extreme paranoia users fear of being caught by police (Wisconsin Department of Justice Methamphetamine Initiative, 2005). Children found in homes of methamphetamine users and producers are often filthy, lethargic, and at serious risk for other physical and psychological damage.

According to L.E. Phillips Libertas Center in Chippewa Falls, Wisconsin (2005), hundreds of children are neglected each year in result to living in a home with a clandestine lab. This neglect is a result of the user's obsession with getting high on methamphetamine, which results in a lack of interest in their children's welfare. Dr. Kathryn Wells of the Denver Family Crisis Center notes that "children whose parents abuse drugs and alcohol are three times more likely to be abused and four times more likely to be neglected," (*Child Abuse and Neglect*, p.1, 2005 as cited by The National Center on Addiction and Substance Abuse at Columbia, January, 1999). Neglected children go without food and other basic needs. Dr. Rizwan Shah, a pediatrician at Blank Children's Hospital in Des Moines, Iowa says from her experience with children affected by methamphetamine, "when you're high on meth, you don't take care of yourself or your family. The older kids are parenting the younger ones and also parenting the parent. They lose their childhood to become caretakers" (*Children suffer from parental meth addiction*, 2005, n.p.).

Research has not yet determined the long-term consequences of children affected by methamphetamine. However, Shah says “some [children] suffer serious brain damage and others experience long-lasting developmental problems, while many will grow into adults without serious health consequences” (*Children suffer from parental meth addiction*, 2005, n.p.). The U.S. Department of Justice Office for Victims of Crime says children living in areas of methamphetamine use and production experience high levels of stress and trauma which affect their emotional, behavioral, and cognitive abilities (Prescott, 2005). These children many times have low self-esteem, a sense of shame, and poor social skills.

Many children who live in drug homes exhibit an attachment disorder. These children typically do not cry or show emotion when separated from their parents. Symptoms of attachment disorder include the inability to trust, form relationships, and adapt. Attachment disorders place children at greater risk for later criminal behavior and substance abuse, says the Office for Victims of Crime (Prescott, 2005, n.p.).

Children affected by methamphetamine use and/or production are at greater risk of being sexually and physically abused by their parents or other users who frequent their home. Due to an increased sex drive among users, children are more likely to witness sexual activity and be exposed to pornographic materials (Prescott, 2005). Effects to unborn children of methamphetamine users include: premature delivery; addiction to methamphetamine after birth; long withdrawal period resulting in excessive crying; increased risk of birth defects; behavior disorders such as Attention Deficit Disorder;

interventricular hemorrhages; health, eye, and intelligence problems; and an increased risk of babies being killed due to shaken baby syndrome (L.E. Phillips Libertas Center, 2005).

According to Wells of the Denver Family Crisis Center, female methamphetamine users who are pregnant may cause their unborn baby such harms as abnormalities to the central nervous, cardiovascular, intestinal, and urogenital systems as well as malformations of the extremities (*Methamphetamine and Pregnancy*, 2005).

Methamphetamine can pass through the placenta and cause elevated fetal blood pressure which may lead to prenatal strokes, heart or other major organ damage, as well as a slowing or alteration of fetal growth (*Methamphetamine and Pregnancy*, 2005). Other infants may suffer withdrawal symptoms, irregular sleep patterns, poor feeding, tremors, and may be at an increased risk for Sudden Infant Death Syndrome (SIDS), viral hepatitis (such as Hepatitis B and C), and HIV (*Methamphetamine and Pregnancy*, 2005). Prenatal exposure to methamphetamine has been shown to significantly lower intelligence testing scores compared to unexposed infants and that exposed infants may be at future risk for neurological abnormalities (Amman, 2000).

Effects of Meth Waste

Coupled with the direct negative effects of methamphetamine usage described previously with methamphetamine users and their children, the use of methamphetamine has profound influences on the environment. It continues to be an environmental hazard in areas close to clandestine or meth labs or where users have dumped waste from these clandestine labs. According to the Wisconsin Department of Justice, Division of Narcotics Enforcement (www.streetdrugs.org), “meth lab ‘cooks’ leave approximately six pounds of hazardous toxic waste for each pound of methamphetamine produced.”

Often, clandestine lab cooks dispose leftover chemicals down household drains, wells, storm drains, or directly onto the ground. These disposed chemicals used to make methamphetamine remain in the soil and groundwater for years (www.streetdrugs.com). The cost to clean up meth labs ranges from \$5,000 to \$100,000, (L.E. Phillips Libertas Center, 2005), depending on the size of the laboratory.

Moreover, effects of methamphetamine use and production on society include the increase in tax dollars needed to clean up lab sites, increase in property value, higher risk to police officers investigating meth lab sites, increase in crime to support methamphetamine habits, and the tax dollars needed to house methamphetamine user's children in foster care (L.E. Phillips Libertas Center, 2005). Furthermore, dangers of the production of methamphetamine include highly explosive fumes, irreparable harm to nasal passages, lungs, and brain if one breathes the toxic fumes, as well as explosions and fires to the labs themselves (Midwest High Intensity Drug Trafficking Area, n.d.).

The houses once used as clandestine labs leave lasting effects in the structure long after the users have left.

The cooking of these chemicals produces vapors which permeate the interior materials of the building, including sheet rock, carpets, and other porous surfaces. These chemical residues continue to volatilize from these reservoirs long after the laboratory is dismantled. This creates a potential for long-term exposure resulting in adverse health effects if a building is reoccupied without decontamination (Amman, 2000, p.3).

Inspectors, appraisers, real estate agents, and others may be in danger if he or she discovers a previous lab without knowing the potential unseen health hazards. According

to *Communicator* a journal for appraisers and home inspectors, “there may be as many as 20,000 undiscovered clandestine drug labs” (Buettner, 2005, p.22).

Often children are found in these clandestine labs or methamphetamine using homes and need to be removed from the environment. Once children are recovered from a clandestine lab there are certain procedures that need to be implemented in order to secure the children. This process is called decontamination or a process of thoroughly washing in order to completely remove any potentially harmful chemical residue from persons removed from a clandestine lab site (FAQ #1 – General Clandestine Lab Information, 2005). Decontamination is needed to protect the individual from continued exposure as well as protection to others coming in contact with the removed individual.

Palmer (FAQ #1, 2005) recommends law officials to have a tent or camper available at a decontamination site in which the child can be given a warm shower and clothed in clean, age and gender appropriate clothes. All children removed from a lab site should be evaluated immediately (within 24 hours of removal) by medical personal and subsequently by a psychologist. Of the children removed from clandestine lab sites more than 50% of these children test positive for methamphetamine (FAQ #2 – Medical Evaluation of Children Removed from Clandestine Labs, 2005). Reports also show that some methamphetamine users give their children other drugs or medications such as sedatives or antihistamines in an effort to get them to sleep (FAQ #3 – How to Care for Children Removed from a Drug Endangered Environment, 2005). Children removed from these situations require a new environment of consistency, compassion, and kindness for optimal development (FAQ #3 – How to Care for Children Removed from a Drug Endangered Environment, 2005).

The Dunn County, Wisconsin Drug Endangered Children Committee gives a bag of necessities to children removed from their homes due to parental drug use including clothing, basic toiletries, a blanket, one or two toys, and other basic items. These items are collected through donations from the Dunn County community (Dunn County Drug Endangered Children Committee Meeting, personal communication, February 27th, 2006). More positively, Russ Cragin from the Dunn County Sheriff's Department in Menomonie, Wisconsin states that approximately 50% of the twenty or more Drug Endangered Children cases in Dunn County have been successful in terms of creating change for adults and children (Dunn County Drug Endangered Children Committee Meeting, personal communication, February 27th, 2006). Additionally, no new meth labs have been discovered since the Wisconsin law change requiring limits on the purchase of over the counter cold medications (Dunn County Drug Endangered Children Committee Meeting, personal communication, February 27th, 2006).

Legal Issues Related to Meth

To fight these ongoing methamphetamine battles, new laws are being put into place by our nation's leaders. On January 24, 2005 U.S. Senator Chuck Hagel (R-NE) co-sponsored the proposed Combat Meth Act 2005, which provides the necessary resources to state law enforcement to fight the production and distribution of methamphetamine (States News Service, 2005). This act includes the following: addition of \$15 million to the Community Oriented Policing Services (COPS) program to train state and local law officials to locate and arrest methamphetamine offenders; fund \$5 million through grants to assist and educate children who have been affected by methamphetamine; provide \$5 million to hire additional federal prosecutors as well as train local prosecutors on

methamphetamine laws; amend the Controlled Substances Act to limit and record the sale of medicines that contain pseudoephedrine – a drug used in the production of methamphetamine; authorize the creation of a Meth Research, Training, and Technical Assistance Center, and make available the research for treatments for methamphetamine abuse and the improvement of current treatment methods (States News Service, 2005).

Along side Senator Hagel, U.S. Senator Dianne Feinstein (D-CA) co-sponsored and supported the Combat Meth Act 2005. “Methamphetamine is cheap, it’s accessible and it’s potent. This is a full-out war against methamphetamine” (cited in Ginis, 2005). Another U.S. Senator co-sponsoring the Combat Meth Act 2005 is Senator James Talent (R-MO). “Missouri currently leads the country in meth production. Our bill says if you’re addicted to meth and want help, we will help you. But if you cook or sell meth, we are giving law enforcement the tools to go after you” (cited in US Fed News, 2005, n.p.). There were thirty co-sponsors of the Combat Meth Act 2005, including Wisconsin (D) Senator Herb Kohl (US Fed News, 2005).

Among the many changes included in the Combat Meth Act 2005, another amendment besides that of the Controlled Substances Act includes the amendment of the Public Health Service Act (The Orator.com News & Information, 2005). This bill from the House of Representatives on May 12, 2005 included the following;

To amend the Public Health Service Act to provide for demonstration projects for the purpose of providing comprehensive services with respect to the problems of children who have been removed from environments in which methamphetamine is unlawfully manufactured, distributed, or dispensed (*The Orator.com News & Information*, 2005, n.p.).

More recently, President Bush signed the Combat Meth Act in March, 2006. This new law is part of the USA Patriot Act Reauthorization Conference Report. The intent of this law according to Paul Laymon, former assistant U.S. attorney in the Eastern District of Tennessee who is now assigned to the Justice Department's Narcotic and Dangerous Drug Section is to regulate [methamphetamine abuse and production] in states that do not have regulations already ("State meth law," 2006).

Locally, Governor Doyle announced a \$250,000 grant for the consortium that includes Barron, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Jackson, Pierce, Polk, St. Croix, Trempealeau, and Washburn counties as well as the St. Croix Tribe ("Governor Doyle," 2006). This grant is in addition to the \$925,000 grant made by Doyle from last year's budget. The goal of the grant is to implement a prevention plan for the region ("Governor Doyle," 2006). In addition to the grant Doyle named for the consortium, he signed Assembly Bill 213 which "expands the definition of child abuse to include incidents where a minor child is exposed to the creation or consumption of methamphetamine" ("Governor Doyle," 2006).

Suggested Prevention

Although much has been implemented as far as legislation concerning methamphetamine use and its effects on children and society, some people feel these new laws are not enough. According to Trevor Martin – Criminal Justice Task Force Director of the American Legislative Exchange Council (ALEC),

The vast majority of methamphetamine on the streets today is being smuggled across the border from Mexico, not being manufactured domestically, according to Drug Enforcement Administration statistics. Limiting the ability of sick

customers to purchase cold medicine is a knee-jerk reaction to a very complicated and serious problem (National desk, health, medical, science and political reporters, 2005, n.p.).

To avoid this “knee-jerk” reaction as Martin puts it, prevention of methamphetamine use among children is the necessary first step.

Prevention education, programming, and mentoring are all helpful steps in the protection of today’s youth against the use and abuse of methamphetamine. L.E. Phillips Libertas Center in Chippewa Falls, Wisconsin recommends that parents talk to their children about drugs. “Teens whose parents talk to them about drugs are half as likely to use drugs as those whose parents do not” (L.E. Phillips Libertas Center, 2005, n.p.). L.E. Phillips also suggests schools assess the extent of the drug problem in their school and be straightforward with their community; establish specific rules regarding drug use; adopt a curriculum educating students about what drugs can do to their brains, lives, families, and communities; and also coordinate drug prevention with local law enforcement (L.E. Phillips Libertas Center, 2005).

Students who may come from a household of methamphetamine use and/or production need support from school counselors, teachers, administrators, and the community to succeed. Dr. Kiti Freier of the Lorna-Linda University – Lorna-Linda, California says that children of methamphetamine homes are at higher risk for problems such as Post Traumatic Stress Disorder, Attention and Eating Disorders, Depression, and Anxiety (Marathon County Sheriff’s Department, 2005). Children of methamphetamine homes may also have slight language problems due to the lack of verbal stimulation. The slow development of language can be perceived as behavior problems because teachers

and other school officials don't understand the child has a language disorder. A child who grows up in a methamphetamine home "just doesn't understand the world that well" (Marathon County Sheriff's Department, 2005).

Jesse Harness, Menomonie [Wisconsin] District Administrator and the schools of Dunn County, Wisconsin are in the process of developing a methamphetamine prevention video. The video/DVD will include the definition of methamphetamine, testimonials regarding the impact of methamphetamine, and a menu of chapters dealing with education, enforcement and treatment (Dunn County Drug Endangered Children Committee Meeting, personal communication, February 27th, 2006). The Dunn County Methamphetamine video/DVD will model a similar video/DVD that the Marathon County Sheriff's Department distributed. The Dunn County video/DVD will be funded by donations from the community. In conjunction with the video/DVD the Dunn County Sheriff's Department will work closely with the county's schools to develop methamphetamine awareness posters to display in the schools (Dunn County Drug Endangered Children Committee Meeting, personal communication, February 27th, 2006).

Further prevention includes exposing children to educational materials and ad campaigns describing the dangers of methamphetamine use. A Midwest campaign "Life or Meth" was organized including billboards, websites, and the '06 Poster Campaign which shows what methamphetamine can do to a person's body (www.lifeormeth.com, Retrieved on April 2, 2006). A national campaign entitled, "Not Even Once" describes the shocking results of using methamphetamine just one time. The ads are designed to grab the attention of teens and show them the shocking and negative and life-changing

effects of using methamphetamine one time (www.notevenonce.com, Retrieved on April 2, 2006). Other states, including Montana have tackled their local war on methamphetamine through a campaign entitled, "The Montana Meth Project" (www.montanameth.org, Retrieved on April 2, 2006). The project's goal is to "significantly reduce the prevalence of first-time methamphetamine use in Montana. We are focused solely upon prevention. To achieve this goal, we are active in three areas: 1) Public Service Messaging; 2) Public Policy; and 3) Community Action" (www.montanameth.org, Retrieved on April 26, 2006).

CHAPTER THREE

Methodology

Introduction

This chapter includes information about sample selection, sample description, and instrumentation. In addition, data collection and data analysis procedures are given. The chapter concludes with the methodological limitations.

Subject Selection and Description

All Wisconsin school counselors who attended the Wisconsin School Counselor Association (WSCA) Annual Conference in spring 2006 were given the opportunity to participate in this study through a survey. The WSCA planning committee was initially contacted and approved the distribution of the survey at the conference. All school counselors in Wisconsin were invited to the WSCA Conference and to participate in the study. Both male and female counselors attended the conference representing elementary, middle, and high school levels with various years experience and were asked to participate.

Instrumentation

The survey distributed to school counselors who attended the WSCA conference was developed by the researcher using the *Research Questions* of the study. Other questions included in the survey asked demographics, district position on methamphetamine issues and suggestions of education and prevention. Please refer to Appendix C to review the research survey.

Data Collection

Permission was sought from the planning committee of WSCA prior to the annual conference in spring 2006. Consent of participation was assumed if one chose to participate in the study. The researcher distributed the surveys to attending counselors by handing them out at the doors of the welcome session. Another researcher distributed a survey at the WSCA conference. The two surveys were stapled together with an attached disclaimer to explain the two surveys were not related. Participants were asked to return the completed surveys to several scheduled areas before the last day of the conference. Please refer to Appendix A and B to review the consent form and disclaimer.

Data Analysis

The data was analyzed using a computerized statistics package called Statistical Program for Social Sciences, version 10.0 (SPSS-X) for Windows. Data is nominal and ordinal in nature; therefore all appropriate descriptive statistics were utilized. Cross tabulations were done to compare male with female responses, year's experience and school level with the remaining survey questions. Qualitative analysis was completed regarding Likert scale questions and an open-ended question.

Limitations

A limitation to this study is not every school counselor in Wisconsin attended the WSCA Conference. Also, not every school counselor who attended the conference completed the survey. Since the study only included research of Wisconsin schools, the results should not be generalized beyond Wisconsin. One limitation of the survey is it was limited in quality control and quality assurance.

CHAPTER FOUR

Results

Introduction

This chapter will include the results of this study. Demographic information and item analysis will be discussed. The chapter will conclude with the findings related to the research questions under investigation.

Demographic Information

There were 580 surveys distributed at the Wisconsin School Counselor Association Conference and 215 school counselors completed and returned the surveys to the designated areas. The response rate was 37% (215). Of the 215, 82% (177) were female school counselors and 18% (38) were male. There were 31% (66) elementary level school counselors, 22% (47) middle level school counselors, 27% (57) high level school counselors, and 20% (44) multiple level school counselors. One participant did not respond to this question.

Of the participants, 33% (70) had five or less years of experience, 25% (54) had six-ten years experience, 19% (41) had 11-15 years experience, and 23% (50) had 16 or more years experience in school counseling. Of the total, 53% (114) described their district as rural, 30% (64) described theirs as suburban, and 15% (32) described theirs as urban. Four participants responded in multiple areas and one participant did not respond to this question.

Of the female participants, 31% (55) were employed at the elementary level, 24% (42) middle, and 22% (39) high. Of the male participants 29% (11) were employed at the elementary level, 13% (5) middle, and 47% (18) high. This indicates that of the school

counselors who completed the survey, more female counselors were employed at the elementary level than their male colleagues. Also, more males were employed at the high school level than females. A Pearson Chi-Square Test revealed a significant difference in employment settings between males and females $\chi^2 = 11.404a$, $df = 3$, Asymp. Sig. (2-sided) = .010.

Also significant was the comparison between males and females (item one) regarding total years experience (item three). Of the female participants 37% (65) had five years or less experience, 26% (46) had six-ten years experience, 19% (33) had 11-15 years experience, and 19% (33) had 16 or more years experience. Of the male participants 13% (5) had five years or less experience, 21% (8) had six-ten years experience, 21% (8) had 11-15 years experience, and 45% (17) had 16 or more years experience. This comparison was significant through a Pearson Chi-Square Test showing $\chi^2 = 14.893a$, $df = 3$, and Asymp. Sig. (2-sided) = .002. This test shows there is a significantly higher number of females than males in the school counseling field and significantly more males than females with 16 or more year's experience. T-test results for equality show that males had more experience than females ($t = -4.87$, $df = 213$, $p = .001$).

Item Analysis

Question five asked counselors "My school district provides an appropriate amount of education to students about methamphetamine use and its effects." After comparing rural, urban, and suburban school districts, a significant result was not found in item five.

Question six asked counselors “My school district provides an appropriate amount of support to students affected by methamphetamine, (i.e. user, family of user, producer, or seller.)” The response to this item shows significance between counselors from rural, urban, and suburban school districts. Of the choices 0, 1, 2, and 3 in item six participants from rural school districts reported a subset for $\alpha = .94$. Participants from suburban districts reported 1.25 and urban districts reported 1.22. The results between the rural districts (.94) and that of the other two, suburban (1.25) and urban (1.22) is significantly different. This indicates that participants from rural school districts see a lack in the amount of support to students about methamphetamine use and its effects.

Question seven asked counselors “Please indicate effective and appropriate ways you can provide support to students affected by methamphetamine.” Of the participants, 56% (39) of counselors with five or less years experience, 43% (23) with six-ten years experience, 29% (12) with 11-15 years experience, and 38% (19) with 16 or more years experience indicated they would use group support as a way to provide support to students affected by methamphetamine. This indicates than a significant number of school counselors with 5 years or less experience would utilize group support in aiding students affected by methamphetamine ($\chi^2 = 8.267a$, $df = 3$, Asymp. Sig. (2-sided) = .05).

Included in item seven was an option of “Other” for participants to include additional ways to provide support to students affected by methamphetamine that were not already listed. The general themes of these answers included referrals to outside AODA services; educational workshops for school staff with school liaison officer; education of parents and community; and other support through connections with outside agencies.

Question eight asked counselors to “Please indicate the appropriate service(s) you would refer a student affected by methamphetamine for intervention.” Of the participants, 35% (23) elementary school counselors, 19% (9) middle school counselors, 14% (8) high school counselors, and 16% (7) multiple levels did not check “AODA Services” as an option for referral of students affected by methamphetamine. This indicates that elementary counselors were most likely to not check “AODA Services” as a referral for students affected by methamphetamine when statistically compared to middle and high school counselors ($\chi^2 = 9.642a$, $df = 3$, Asymp. Sig. (2-sided)

Item eight also asked if participants would refer students affected by methamphetamine to social services. Of the participants from rural districts 64% (73) would refer students to social services, as well as 46% (30) of participants from suburban districts, and 69% (22) from urban districts. A significant number of counselors from rural, suburban, and urban districts would refer students affected by methamphetamine to social services ($\chi^2 = 6.344a$, $df = 2$, Asymp. Sig. (2-sided) = .05).

Furthermore, item eight included an option for participants to provide further services appropriate for referral of a student affected by methamphetamine (“Other.”) The general theme of these answers included family/ parents, inpatient treatment facilities, teen services for addictive parents, and local or school support groups.

Question nine asked counselors to “Please indicate any other programming, lessons, or training/ information you use in your district regarding methamphetamine.” Participants responded with several suggestions for item nine. Some of the responses included Project Alert, education during health class, attending Drug Endangered Children workshops through the Wisconsin Department of Health and Human Services,

teacher in-service education, speakers for students, mentoring for at-risk students, parenting education and programming, and education partnership with local Department of Justice – Narcotics Enforcement Division. Several participants indicated a lack of education about methamphetamine in their district. “Not a lot of materials currently used – but would like/ need some!” “Living in Western Wisconsin we should be more knowledgeable on the affects of children living in a home/ meth lab.”

Research Questions

Research Question one asked - What are effective and appropriate ways school counselors can provide support to students affected by methamphetamine? Items five, six, seven and nine on the survey addressed this question. Research Question two - To whom should school counselors refer students affected by methamphetamine? Item eight on the survey addressed this question.

CHAPTER FIVE

Discussion

Introduction

This chapter will include the discussion of this study. Conclusions will also be discussed. The chapter will conclude with recommendations for further research.

Discussion

A significant finding from survey item six, “My school district provides an appropriate amount of support to students affected by methamphetamine, i.e. user, family of user, producer, or seller” indicates that school counselors employed in rural ($a = 0.94$) districts believe they provide significantly less support to students affected by methamphetamine than those of urban ($a = 1.22$) or suburban ($a = 1.25$) districts.

As defined earlier in this study, a clandestine or meth lab is characterized as a house, trailer, shack, hotel room, rural areas, areas along transportation routes, inside vehicles or any remote area where a methamphetamine user can find to make methamphetamine (Adlair, n.d.). Considering that many clandestine or meth labs are located in remote or rural areas, it is essential that the students living in these areas receive the amount of support needed to be safe from the harms of methamphetamine. Ways of achieving this support may include education of school staff and community, prevention programs, intervention, and other treatment programs.

In addition, the results of survey question number seven, “Please indicate effective and appropriate ways you can provide support to students affected by methamphetamine” showed a greater number of school counselors with five or less years experience, 56% (39) would choose Group Support as a way to aid students. Participants

in this study with five or less years experience utilized group interventions to a greater degree than their peers who had been in the field longer. Perhaps this is a result of counselor training trends of recent graduates. According to the American School Counselor Association, “school counselors are spending more than half of their time addressing students’ mental health issues” (www.schoolcounselor.org, Retrieved on May 15, 2006). Group support is one of the ways school counselors can aid in the various mental health issues found in schools. The focus and use of group support may vary as trends in school counseling vary in the future.

Survey question number seven also invited written feedback and suggestions. Of the counselors who participated in this section (n=50) the overall response included comments such as “referrals to outside AODA services, workshops with school liaison officer, parent and community education, and family support.” These suggestions coincide with earlier research from the L.E. Phillips Libertas Center indicating that early education and prevention is essential to the security of children from the dangers of methamphetamine.

L.E. Phillips suggests schools assess the extent of the drug problem in their school and be straightforward with their community; establish specific rules regarding drug use; adopt a curriculum educating students about what drugs can do to their brains, lives, families, and communities; and also coordinate drug prevention with local law enforcement (L.E. Phillips Libertas Center, 2005).

Furthermore, results from survey question eight, “Please indicate the appropriate service(s) you would refer a student affected by methamphetamine for intervention” indicate that elementary school counselors, (34%, n=23) are least likely to refer students

for AODA services. Considering the age of elementary students, it seems school counselors would be less likely to come in contact with students in need of these specified services. In place of AODA services among elementary schools, prevention/ education may be a more useful approach to keeping young students safe from methamphetamine.

Finally, survey question nine asked, “Please indicate any other programming, lessons, or training/ information you use in your district regarding methamphetamine.” A general theme of responses to this question include, “Project Alert, Drug Endangered Children workshops, teacher in-services, student speakers, collaboration with local AODA coordinator for counseling, and partnerships with local Department of Justice for education and programming.” These responses indicate many schools are involved with different methods of educating students and the community about methamphetamine, preventing students from using, and providing appropriate referrals for treatment.

Other comments include, “Not a lot of materials currently used – but would like some – need!” and “Living in Western WI – we should be more knowledgeable on affects of children living in a home/ meth lab.” These comments in particular speak to the need for further education, prevention and treatment. Perhaps more information needs to be disseminated to elementary counselors and educators about the affects of methamphetamine on children and their development. These developmental problems often include physical such as burns, neglect, emotional and sexual abuse, and learning delays.

Freier (2005) stated that children of methamphetamine homes may have slight language problems due to the lack of verbal stimulation. The slow development of

language can be perceived as behavior problems because teachers and other school officials don't understand the child has a language disorder (Marathon County Sheriff's Department, 2005). Many of these developmental issues are currently overlooked among the other more immediate dangers of methamphetamine use around children.

Conclusions

Overall, the significant findings of this study indicate that there is a need for more resources regarding methamphetamine for school counselors working in rural school districts. Counselors listed recommendations for support and referral such as more education regarding the affects of methamphetamine on children living in a meth home and a need for more education materials specific to methamphetamine. This study has uncovered a need for further education regarding methamphetamine. It is now the responsibility of school counselors and their employing districts to seek the information necessary to aid students affected by this deadly drug.

Recommendations

Recommendations may include encouraging school counselors and their employing districts to continuously educate themselves about methamphetamine and it's affects on children and their communities. Additionally, counselors are encouraged to get involved in local organizations such as a committee for Drug Endangered Children to help prevent the devastating consequences of methamphetamine. Other prevention includes educating school age children about the negative affects of methamphetamine. Depending on the student's age, advertisements such as those found through the Montana Meth Project can be beneficial to warn children of the effects of trying methamphetamine even once (www.notevenonce.com).

Additional recommendations for further research might include a separate study for both elementary and secondary counselors. The reason for this separation is because many of the issues related to methamphetamine use and its effects are varied among children of different ages. The results of this research indicate elementary school counselors are less likely to come in direct contact with students who use methamphetamine. Other issues such as a child abused by a user are more likely among elementary age children.

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APPENDIX A: Consent Form

UW-Stout Implied Consent Statement For Research Involving Human Subjects Consent to Participate In UW-Stout Approved Research

Title: The role of school counselors in the lives of students affected by methamphetamine

Investigator:

Amy Kraemer
kraemera@uwstout.edu

Research Sponsor/ Advisor:

Denise Zirkle Brouillard
402 McCalmont
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Menomonie, WI 54751
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Description:

This study seeks to understand how school counselors can help students who are affected by methamphetamine use. Research indicates dangers of methamphetamine to the users, community, environment, and most importantly their children. Results of this study will show how school counselors may support these children and who they can refer them on to for further aid.

Risks and Benefits:

Risks to this study are minimal. Subjects will benefit from the study by having the opportunity to read the research results and be able to apply the collected suggestions, programming, plans, and ideas of Wisconsin school counselors regarding students affected by methamphetamine use. If you are interested in reading the results of this study please email the Investigator at kraemera@uwstout.edu after June 1, 2006.

Confidentiality:

Your name and school district will not be included on any documents. We do not believe that you can be identified from any of this information.

Right to Withdraw:

Your participation in this study is entirely voluntary. You may choose not to participate without any adverse consequences to you. However, should you choose to participate and later wish to withdraw from the study, there is no way to identify your anonymous document after it has been turned into the investigator.

IRB Approval:

This study has been reviewed and approved by The University of Wisconsin-Stout's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies. If you have questions or concerns regarding this study please contact the Investigator or Advisor. If you have any questions, concerns, or reports regarding your rights as a research subject, please contact the IRB Administrator.

IRB Administrator:

Sue Foxwell, Director, Research Services
152 Vocational Rehabilitation Bldg.
UW-Stout
Menomonie, WI 54751
715-232-2477
foxwells@uwstout.edu

Statement of Consent:

By completing the following survey you agree to participate in the project entitled, the role of school counselors in the lives of students affected by methamphetamine.

APPENDIX B: Disclaimer

ATTENTION:

Attached are two different pieces of research by two different UW- Stout graduate students. The topics are not related in any way, but rather we have attached our research together to make it more convenient for you. We would greatly appreciate your participation if you are currently working as a professional school counselor. Please return your surveys to the red boxes after the Welcome session at the back of the room, to the registration table, or to the UW- Stout table. Thank you very much for your time and participation in our research.

APPENDIX C: Survey

UW Stout Research Survey
Amy Kraemer – School Guidance and Counseling
February, 2006

The role of school counselors in the lives of students affected by methamphetamine

This research has been approved by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46.

1. Please mark the appropriate box:

☐ Female
☐ Male

2. Please mark the level(s) you currently work at:

☐ Elementary
☐ Middle
☐ High

3. Please indicate your total years experience as a school counselor? _____

4. Please mark the location of your district:

☐ Rural
☐ Suburban
☐ Urban

5. My school district provides an appropriate amount of education to students about methamphetamine use and its effects.

0 1 2 3
 None Little Some A Lot

6. My school district provides an appropriate amount of support to students affected by methamphetamine, (i.e. user, family of user, producer, or seller.)

0 1 2 3
 None Little Some A Lot

7. Please indicate effective and appropriate ways you can provide support to students affected by methamphetamine.

☐ Education of Methamphetamine ☐ Individual Counseling
☐ Group Support Other _____

8. Please indicate the appropriate service(s) you would refer a student affected by methamphetamine for intervention.

☐ Police Department ☐ Social Services
☐ Mental Health Counselor ☐ AODA Services
 Other _____

9. Please indicate any other programming, lessons, or training/ information you use in your district regarding methamphetamine. _____

Thank you for taking the time to complete this survey!